# OLIFF & BERRIDGE, PLC

ATTORNEYS AT LAW

### **Application Data Sheet**

#### **Application Information**

**Application Type::** 

Regular

Subject Matter::

Utility

CD-ROM or CD-R:

None

Title::

IMPROVED STRESS RELEASE METHOD AND

**APPARATUS** 

Attorney Docket Number::

118087

**Total Drawing Sheets::** 

6

Small Entity::

No

#### **Applicant Information**

Applicant Authority type::

Inventor

Primary Citizenship Country::

USA

Status::

Full Capacity

Given Name::

Robert

Middle Name::

C.U.

Family Name::

YU

City of Residence::

Webster

State or Province of Residence::

New York

Inventor

Country of Residence::

USA

Applicant Authority type::

----

Primary Citizenship Country::

USA

Status::

**Full Capacity** 

Given Name::

John

Middle Name::

J.

Family Name::

**DARCY** 

City of Residence::

Webster

State or Province of Residence::

**New York** 

Country of Residence::

USA

Applicant Authority type::

Inventor

Primary Citizenship Country::

USA

Status:: **Full Capacity** Given Name:: Michael Middle Name:: S. Family Name:: ROETKER City of Residence:: Webster State or Province of Residence:: New York Country of Residence:: USA Applicant Authority type:: Inventor Primary Citizenship Country:: U.S. Status:: **Full Capacity** Given Name:: Scott Family Name:: **GRIFFIN** City of Residence:: Webster State or Province of Residence:: **New York** Country of Residence:: USA Applicant Authority type:: Inventor U.S. Primary Citizenship Country:: Status:: Full Capacity Given Name:: Felix Middle Name:: J. Family Name:: SANTANA City of Residence:: Webster State or Province of Residence:: New York USA Country of Residence:: Applicant Authority type:: Inventor Primary Citizenship Country:: U.S. Status:: Full Capacity Given Name:: Satchidanand Family Name:: **MISHRA** City of Residence:: Webster State or Province of Residence:: New York Country of Residence:: USA

## **Correspondence Information**

Correspondence Customer Number:: 27074

| Assignee Information                    |                     |
|---|---------------------|
| Assignee Name::                         | XEROX CORPORATION   |
| Street of mailing address::             | 800 LONG RIDGE ROAD |
|   | P.O. BOX 1600       |
| City of mailing address::               | STAMFORD            |
| State or Province of mailing address::  | CONNECTICUT         |
| Country of mailing address::            | USA                 |
| Postal or Zip Code of mailing address:: | 06904-1600          |